



## ***Division of Public Health Services***

*Public Health Preparedness Services*

*Bureau of State Laboratory Services*

250 N. 17<sup>th</sup> Avenue  
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(602) 364-0720  
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JANET NAPOLITANO, GOVERNOR  
SUSAN GERARD, DIRECTOR

### **INSPECTION APPRAISAL FORM**

Laboratory Name: \_\_\_\_\_

Address: \_\_\_\_\_

AZ License #: \_\_\_\_\_ Date of On-site: \_\_\_\_\_

Lead Inspector: \_\_\_\_\_

Other Inspectors: \_\_\_\_\_

Please indicate your assessment of the inspection by checking the appropriate responses.

**5 = Excellent    4 = Good    3 = Acceptable    2 = Marginal    1 = Poor**

<b>1. How would you rate the inspector(s) in:</b>					
a. Reviewing the available documents and records?					
b. Interviewing the lab personnel?					
c. Conducting a closing conference?					
d. Overall professionalism of the inspectors?					
<b>2. Comments:</b>					

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Please return form to: Prabha Acharya, Program Manager  
Technical Resources and Training  
Office of Laboratory Services  
250 N. 17<sup>th</sup> Avenue  
Phoenix, AZ 85007

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